



**Testimony in Support of Raised S.B. 284
(An Act Increasing the Age from Eight to Eighteen Years for an Income-Eligible Person to
Obtain Medical Assistance Regardless of Immigration Status)**

By Jay E. Sicklick, Deputy Director, Center for Children's Advocacy
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Senator Moore, Representative Abercrombie, Ranking members Berthel and Case, and members of the Human Services Committee: thank you for providing the **Center for Children's Advocacy** ("CCA") an opportunity to submit testimony in support of Raised S.B. 284, **An Act Increasing the Age from Eight to Eighteen Years for an Income-Eligible Person to Obtain Medical Assistance Regardless of Immigration Status**. I am the Deputy Director of the Center for Children's Advocacy ("CCA") and an attorney who has worked for the past twenty-two years on issues involving children's health and child welfare in Connecticut. CCA is the largest non-profit legal organization in New England devoted exclusively to protecting and advocating on behalf of the legal rights of children. CCA is affiliated with the University of Connecticut School of Law and provides holistic legal services for poor children in Connecticut communities through individual representation, education and training, and systemic advocacy. I also submit this testimony as Director of the Center's *Medical-Legal Partnership*, an interdisciplinary collaboration between CCA and medical/clinical partners that seeks to improve children's health outcomes through interdisciplinary interventions in Connecticut.

We support the passage of Raised S.B. 284, An Act Increasing the Age from Eight to Eighteen Years for an Income-Eligible Person to Obtain Medical Assistance Regardless of Immigration Status

As a child advocates and attorneys, we believe that Raised S.B. 284 is a critically important to address an important public health issue – providing health insurance coverage through the state's Medicaid and HUSKY B programs to insure all the state's most vulnerable children, specifically undocumented children and youth under the age of 19. At present, Connecticut provides healthcare coverage to the state's most vulnerable, low-income children, but leaves out undocumented immigrant children due to their immigration status. Starting next year, Connecticut will extend coverage to children eight and under regardless of immigration status.¹ But, Connecticut should not deny access to comprehensive health insurance coverage to the remaining and relatively small number of its young, vulnerable residents: children who have, for

¹ P.A. 21-176 amended Conn. Gen. Stat. §17b-261 to provide health insurance coverage for all children under the age of nine years old, within available appropriations, regardless of the child's immigration status but only if the household's income does not exceed 201% of the federal poverty level. The amendment made the coverage effective as of January 1, 2023.

the most part, suffered adverse childhood experiences both in their country of origin and here in the United States due to their immigration status.²

WHY: In Connecticut, **HUSKY** coverage guarantees children the comprehensive health services they require, such as well-care check-ups, dental care, immunizations, prescriptions, and health screenings. Research shows that increase enrollment and access to Medicaid programs such as **HUSKY** will:

- **Increase the number of insured children who are eligible for preventative care** and thus provide screenings for physical and behavioral health that can spot problematic issues *before* acute consequences arise.
- **Decrease emergency department usage** for emergent and non-emergent care. Uninsured populations utilize emergency departments for actual emergencies and for non-acute issues that can easily be addressed in the traditional primary care setting.
- **Decrease hospital losses** due to uncompensated and unreimbursed care. Hospitals provided \$231.5 million of unreimbursed care and uncompensated care in FY2020.³ Health insurance for this population reduces expensive, uncompensated emergency care, increases access to primary care and promotes early detection of chronic disease.
- **Improve educational outcomes.** Medicaid access not only improves health outcomes but also increases attendance in school. Children who benefit from Medicaid eligibility are much more likely to graduate from high school and more likely to take advantage of post-secondary educational opportunities and to graduate from college.⁴⁵
- Expansion of coverage to the state's most vulnerable population will **also reduce racial and ethnic disparities** in coverage by increasing access to comprehensive care to children who have predominantly emigrated from Latin American, Asian and African countries.

Who: There are approximately 17,000 undocumented children and youth under the age of 19, many of whom are our clients and patients of our clinical partners across the state, who would benefit from the expansion of Medicaid and HUSKY B in Connecticut. **Connecticut** would

² Adverse Childhood Experiences (“ACE”), such as abuse or neglect, Adverse Childhood Experiences have been linked to risky health behaviors, chronic health conditions, low life potential, and early death. See Center for Disease Control and Prevention, Violence Prevention webpage at

<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html>

³ Connecticut Hospital Assoc., Community Benefit Report (Feb. 2022), <https://www.cthosp.org/documents/pubreports/2022/2021%20Community%20Benefit%20Report%20Spread.pdf>.

⁴ *See, e.g.*, Nat’l Bureau of Economic Research, The Effect of Child Health Insurance Access on Schooling:

Evidence from Public Insurance Expansions 33 (2014),

https://www.nber.org/system/files/working_papers/w20178/w20178.pdf (concluding that there are “large effects of childhood Medicaid expansion on eventual educational outcomes” and finding “evidence that public health insurance expansions when children are of school age are closely linked with long-run educational attainment”).

⁵ Under the landmark United States Supreme Court ruling in *Plyler v. Doe*, the Court held that denying children of undocumented immigrants the right to attend public school constitutes discrimination based on alienage that violates the Equal Protection Clause of the Fourteenth Amendment.

follow the lead of six states and the District of Columbia in expanding its publically funded health insurance programs for low-income children to include undocumented children and youth. California, Illinois, New York, Oregon and Washington and the District of Columbia provide full coverage to the Medicaid and Child Health Insurance (CHIP) population, while Massachusetts provides basic coverage with statutory caps on services.⁶

How: Connecticut should expand the state's Medicaid and HUSKY B programs to include all children otherwise eligible, including undocumented children and youth. Projections for costs are approximately \$3.4 million of the expansion in year one, and \$15.5 million for year two and for ongoing coverage. These costs will *not* be reimbursed by the federal government as traditional Medicaid expenditures are. The cost of insuring these particularly vulnerable children and youth, however is infinitesimally small in light of the Department of Social Services' proposed budget which exceeds \$4 billion for the next fiscal year.⁷

Connecticut has been a national leader in expanding publically funded health insurance to its low-income population – first through its wholesale expansion of the HUSKY program in 1998 and then through its Medicaid expansion via the Affordable Care Act in 2010. The state should follow its own example by optimizing healthcare access by expanding eligibility for Medicaid (HUSKY A) and HUSKY B benefits to all children, regardless of their legal status, to promote true health equality.

Respectfully submitted,

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⁶ California expanded its healthcare to include undocumented children in several stages, starting in 1992, 1998, 2001 and 2015. Illinois – 2006, Massachusetts – 1996, New York – 1990, Oregon – 2018, Washington (state) – 2007, District of Columbia – 2000.

⁷ Governor Lamont's biennial budget at B-58, 59. https://portal.ct.gov/-/media/OPM/Budget/2020_2021_Biennial_Budget/GovBud_FY2020-21_Final.pdf?la=en